



BASIC LAW ENFORCEMENT  
TRAINING PROGRAM  
PRE-EMPLOYMENT  
APPLICATION



John Elias Baldacci  
Governor

STATE OF MAINE  
*Department of Public Safety*  
**MAINE CRIMINAL JUSTICE ACADEMY**  
15 Oak Grove Road  
Vassalboro, Maine 04989



Michael P. Cantara  
Commissioner

John B. Rogers  
Director

May, 2004

Dear Applicant,

The Basic Law Enforcement Training Program is an 18-week residential program that is run twice a year at the Maine Criminal Justice Academy in Vassalboro, Maine. This program is open, on a space available basis, to persons who meet the enclosed entrance requirements. Tuition for the program is currently \$5,700.00.

***Completion of this program does not guarantee your employment as a law enforcement officer.*** It does enable you to state to prospective law enforcement employers that you have fulfilled the mandatory training requirements of a full time municipal, county or state law enforcement officer. Upon employment, you will be eligible to take the **Maine Law Enforcement Officer's Certification Examination.**

The application process for the Basic Law Enforcement Training Program is mandated by the Director of the Maine Criminal Justice Academy with the approval of the Board of Trustees. Those meeting the entrance requirements will be placed on a roster and accepted into the program on a space available basis. Preference will be given to individuals who have been hired as law enforcement officers by a governmental entity.

Sincerely,

John B. Rogers  
Director

**Maine Criminal Justice Academy**  
**Pre-Employment Application for**  
**Basic Law Enforcement Training Program**

**Application Checklist**

This checklist is designed to assist applicants in the application process for the Basic Law Enforcement Training Program.

**Phase One:**

**Have You:**

- ✓ Completed and submitted your Application and Personal History form along with a non-refundable \$150.00 fee;
- ✓ Submitted official copies of any college degrees held, a copy of your driver's license, and any other information requested in the Application;
- ✓ Completed the ALERT Examination and submitted a copy of the results;
- ✓ Completed the Physical Fitness Evaluation and submitted a copy of the results;

**Phase Two:**

**Have You:**

- ✓ Completed a medical examination by a licensed physician and returned the Medical Evaluation Form to the Academy;
- ✓ Completed a thorough background investigation conducted by a law enforcement agency or a licensed private investigator approved by the Maine Criminal Justice Academy according to the standards in the Maine Criminal Justice Academy Background Investigation Manual and had the Agency / Investigator forward the results to the Academy;
- ✓ Completed a psychological evaluation by a licensed psychologist or licensed psychological examiner and have the psychologist or psychological examiner forward the results to the Academy;
- ✓ Completed a polygraph examination by a polygraph examiner approved by the Maine Criminal Justice Academy according to the standards for Law Enforcement Applicant Testing and have the results forwarded to the Academy.



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*Pre-Employment Application to the 8<sup>th</sup>*  
*Basic Law Enforcement Training Program*

**Time Line for Acceptance of Students:**

**Phase One:**

- Accept applications: May 8, 2004 – October 15 , 2004;
- Interview / Review / conditional acceptance of candidates: October 25-29, 2004;

**Phase Two:** Must be complete and submitted to the MCJA by December 17, 2004;

- Background;
- Psychological evaluation;
- Medical evaluation;
- Polygraph evaluation;

**Final acceptance** into the 8<sup>th</sup> Basic Law Enforcement Training Program one month prior to the start of the school, December 29, 2004

**School begins January 26, 2005**

# Phase I                      Application

*In this phase, the below information must be submitted to the Maine Criminal Justice Academy)*

**Application and Personal History Statement:** Applicants must complete and submit the Maine Criminal Justice Academy *Application for the Basic Law Enforcement Training Program*; This form covers personal, employment, military service, financial, legal, motor vehicle operation and school history information. Applicants will submit all required information and an official copy of any degrees conferred to the applicant as well as other requested documentation. The application will be reviewed by the Maine Criminal Justice Academy's Selection Committee. A non-refundable \$150.00 application fee must accompany the application;

**Reading and Writing Examination:** Applicants will provide a copy of the **ALERT** examination results. This reading and writing examination is offered monthly at the Maine Criminal Justice Academy. Candidates failing the exam must wait at least six months before being allowed to take the exam again;

3. **Physical Fitness Assessment:** The physical fitness examination is offered monthly at the Maine Criminal Justice Academy. Applicants must meet the 40<sup>th</sup> percentile for their age and gender. Candidates failing the examination may retake the exam at any time. Exam results must be within one year of date of application to the school. All applicants will be retested 30 days prior to the start of the Basic Law Enforcement Training Program and no candidates will be accepted unless they meet the 40<sup>th</sup> percentile.
4. **Application Review and Personal Interview:** A selection committee, appointed by the Director and comprised of members of the Maine Criminal Justice Academy's Board of Trustees, municipal, county and state law enforcement officers will review all applications, interview and recommend candidates to the Director in order of their finish.

## Phase II

*(Applicants in this phase have received a conditional offer of acceptance to the Basic Law Enforcement Training Program and continue screening)*

The following information is required in this phase of the application process:

**Medical Fitness:** The applicant's medical fitness will be evaluated by a licensed physician who will submit the Maine Criminal Justice Academy Medical Evaluation Form to the Academy. Applicants are responsible for any fees associated with this evaluation;

- 3. **Background Investigation:** All applicants will undergo an extensive background investigation according to the standards set forth in the Maine Criminal Justice Academy's Background Investigation Manual. Background Investigations must be conducted by a law enforcement agency or a private investigator licensed by the Maine Department of Public Safety. Applicants are responsible for any fees associated with this investigation;

**Psychological Evaluation:** Applicants shall undergo a psychological evaluation by a licensed psychologist or licensed psychological examiner according to the standards set forth in the Maine Criminal Justice Academy Psychological Evaluation Form. Applicants are responsible for any fees associated with this evaluation;

- 4. **Polygraph Examination:** Applicants shall undergo a polygraph examination by a person licensed as a polygraph examiner by the Maine Department of Public Safety according to the standards set forth in the Maine Criminal Justice Academy's Law Enforcement Polygraph Examiner's Manual. Applicants are responsible for any fees associated with this examination.

# BASIC LAW ENFORCEMENT TRAINING PROGRAM APPLICATION

## PHASE I



STATE OF MAINE  
DEPARTMENT OF PUBLIC SAFETY  
**MAINE CRIMINAL JUSTICE ACADEMY**  
15 OAK GROVE ROAD  
VASSALBORO, MAINE

JOHN ELIAS BALDACCI  
GOVERNOR

04989

MICHAEL P. CANTARA  
COMMISSIONER

JOHN B. ROGERS  
DIRECTOR

## Application and Personal History Questionnaire

The following application and questionnaire is used for consideration of admission into the Basic Law Enforcement Training Program. This questionnaire is used to ensure that applicants meet the basic entry standards for the school and to evaluate their suitability as law enforcement officers.

Prior to admission into the school, and as part of the selection process, candidates will be interviewed by a selection committee, undergo a thorough background investigation, medical, psychological, and polygraph screening. All expenses incurred in the application process will solely be the responsibility of the applicant.

Information on the application must be legible. Read the instructions and questions carefully before answering required information. If you need additional space to answer questions, record that information on an additional sheet(s) of paper and attach it to the application form.

Applications lacking requested information will not be considered until the information is provided. Any falsification of information requested shall be grounds to deny admission into the Program and shall be considered evidence of the applicant's moral character in future applications to any Academy program.

*There is a non-refundable \$150.00 fee which is due with the application. No application will be processed until said fee is received.*

### Part I

Applicant's Name:			SSN:	
(LAST)	(FIRST)	(MIDDLE)		
Date of Birth		Phone		
		(Home)	(Other)	
Home Address				
(Street)	(City)	(State)	(Zip)	
Maiden / other name(s) used:				
Gender:	Male	Female	Height:	Weight:
Color of Eyes:		Color of Hair:		
U. S. Citizen:	Yes	No	If No, provide evidence of legal status:	



## Part II

Have you ever made application for pre-employment law enforcement training to this or any other state?      Yes      No

Have you ever been denied entrance to any pre-employment law enforcement training Program in this or any other state?      Yes      No (If yes, please explain)

List in chronological order, present to past, all criminal justice experience.

Department	Address:	Dates of Employment	Reason for Leaving

## Part III

The following questions relate to your educational background:

Have you graduated from High School?      Yes      No

High School attended:      City/ State:

Dates of attendance:

From:

To:

If you have not graduated from High School, have you successfully completed a GED examination?

Yes      No      State where GED completed:      Date of Completion:

Have you attended college?      Yes      No      If yes, check one of the following for highest degree held:      Associates      Bachelors      Masters      Other (explain)

Do you hold a valid motor vehicle operator's license?

Yes      No      State of Issuance:      License Number

#### Part IV

In chronological order, present to past as accurately as possible, list all employers. Include military service in proper sequence, temporary or part-time jobs, and periods of unemployment. If you need more space, attach an additional sheet(s) of paper to the back of this application.

Employer:	Phone:		
Address:			
Employed	From	To:	Position
Supervisor's Name			
Reason for leaving:			

Employer:	Phone:		
Address:			
Employed	From:	To:	Position:
Supervisor's Name			
Reason for leaving:			

Employer:	Phone:		
Address:			
Employed	From:	To:	Position:
Supervisor's Name			
Reason for leaving:			

Employer:		Phone:	
Address:			
Employed	From:	To:	Position:
Supervisor's Name			
Reason for leaving:			

Employer:		Phone:	
Address:			
Employed	From:	To:	Position:
Supervisor's Name			
Reason for leaving:			

All of the above information is true and factual to the best of my knowledge:

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

NOTARY INFORMATION

State: \_\_\_\_\_

County: \_\_\_\_\_

Subscribed to and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 200\_

\_\_\_\_\_  
Notary Public (signature)

\_\_\_\_\_  
My Commission Expires

\_\_\_\_\_  
Notary (print name)

**Basic Law Enforcement Officer Training Program  
Fitness Form**

Name (applicant) \_\_\_\_\_ Maiden name \_\_\_\_\_  
(Last) (First) (MI)

Department \_\_\_\_\_ Title \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age at Testing \_\_\_\_\_ Sex \_\_\_\_\_ Date of Test \_\_\_\_\_

Location of Test \_\_\_\_\_

Person(s) Supervising Test \_\_\_\_\_

**Test Performance**

<b>One Minute Push-up Test:</b>	<b>Result</b>	<b>Pass</b>	<b>Fail</b>
<b>One Minute Sit-Up Test:</b>	<b>Result</b>	<b>Pass</b>	<b>Fail</b>
<b>1.5 Mile Run</b>	<b>Result</b>	<b>Pass</b>	<b>Fail</b>

**See reverse side for Physical Assessment Chart**

*I certify that I have taken and successfully passed the physical fitness assessment test and have passed the requirements for my age and sex categories according to the chart on the reserve side.*

\_\_\_\_\_  
Signature of Officer

\_\_\_\_\_  
Date

*I certify that the above applicant for the Municipal / County Basic Police School meets the physical fitness standards as set by the Board of Trustees for admission into the school.*

\_\_\_\_\_  
Chief Administrative Officer

\_\_\_\_\_  
Date

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## PHYSICAL FITNESS TEST STANDARDS:

The chart below shows the standards for the 40<sup>th</sup> percentile in each category.

FITNESS TEST	MALE AGE				FEMALE AGE			
	20-29	30-39	40-49	50-59	20-29	30-39	40-49	50-59
One Minute Push-up Test	29	24	18	13	15	11	9	3
One Minute Sit-up Test	38	35	29	24	32	25	20	14
5 Mile Run	12.51'	13.36'	14.29	15.26'	15.26'	15.57'	16.58'	17.55'

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# BASIC LAW ENFORCEMENT TRAINING PROGRAM APPLICATION

## PHASE II



STATE OF MAINE  
DEPARTMENT OF PUBLIC SAFETY  
**MAINE CRIMINAL JUSTICE ACADEM**  
15 OAK GROVE ROAD  
VASSALBORO, MAINE

JOHN ELIAS BALDACCI  
GOVERNOR

04989

L P. CANTARA  
MISSIONER

B. ROGERS  
DIRECTOR

*PSYCHOLOGICAL EXAMINATION FORM*

In order to be accepted into the ***Law Enforcement Basic Training Program***, an applicant shall undergo, and complete to the satisfaction of the employer, or in the case of a person not yet employed, to the Academy Selection Committee, an evaluation of the applicant's suitability to work as a law enforcement officer by a licensed psychologist or licensed psychological examiner with experience in psychological screening in the field of law enforcement. The evaluation shall be subject to the approval of the Board of Trustees and shall include, at a minimum, an evaluation of the following characteristics: anxiety, mood, anger, anti-social characteristics, ability to accept criticism, ability to communicate, assertiveness, self confidence, ability to get along with others, judgment and verbal skills.

An agency presenting an individual for admittance into the program shall verify that the applicant has completed, to the satisfaction of the employer, an examination conducted by a licensed psychologist. In the case of a pre-employment candidate, the chairman of the Board of Trustee's selection committee shall verify that the candidate has satisfactorily completed a examination by a licensed psychologist.

*APPLICANT INFORMATION*

Applicant Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address: \_\_\_\_\_

Psychologist Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

Date of Examination: \_\_\_\_\_

*(Over)*

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**STATEMENT OF EXAMINER**

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Type of evaluation: \_\_\_\_\_

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*I hereby confirm that the above named applicant has been evaluated by me and it is my opinion that he / she:*

**IS** suitable to work as a law enforcement officer.

**IS NOT** suitable to work as a law enforcement officer

Signature of Examiner

\_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_





STATE OF MAINE  
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COMMISSIONER

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DIRECTOR

*POLYGRAPH EXAMINATION FORM*

In order to be accepted into the *Law Enforcement Basic Training Program*, an applicant shall complete to the satisfaction of the employer, or in the case of a person not yet employed, to the Academy Selection Committee, a polygraph examination conducted by a polygraph examiner who is either licensed in the State of Maine or has been previously approved by the Board. The examination shall follow the guidelines in the "Police Applicant Polygraph Testing" manual as approved by the Board.

An agency presenting an individual for admittance into the program shall verify that the applicant has completed, to the satisfaction of the employer, an examination conducted by a Certified Polygraph Examiner. In the case of a pre-employment candidate, the chairman of the Board of Trustee's selection committee shall verify that the candidate has satisfactorily completed a examination by a Certified Polygraph Examiner.

*APPLICANT INFORMATION*

Applicant Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address: \_\_\_\_\_

Polygraph Examiner's Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

Date of Examination: \_\_\_\_\_

*(Over)*

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## STATEMENT OF EXAMINER

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*I hereby confirm that the above named applicant has been evaluated by me and it is my opinion that he / she:*

1. **HAS** been truthful.
2. **HAS NOT** been truthful.
3. **RESULTS WERE INCONCLUSIVE**

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Examiner

Date: \_\_\_\_\_

**Maine Criminal Justice Academy Board of Trustees**

**BACKGROUND STANDARD FOR ADMISSION TO AND/OR CERTIFICATION  
FOR A MANDATORY ACADEMY SCHOOL, RECERTIFICATION, OR WAIVER**

In order to be accepted as a participant in a mandatory Academy law enforcement or corrections courses, or to be certified or re-certified, an applicant must be of good moral character as determined by the hiring or sponsoring agency through a formal background check. These requirements and standards must be satisfied before consideration of such an application or certification. An agency presenting an individual for certification, admission to a mandatory Academy course, re-certification, or for a waiver from training will attest that the individual meets the standard of having no disqualifying conviction.\* In addition, the applicant shall certify under oath that he or she has no disqualifying conviction or has engaged in disqualifying conduct.†

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**STATEMENT OF APPLICANT**

Applicant Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_

**Have you ever been convicted of any crime (including OUI)?**

**If yes, provide details on separate sheet.**

**In addition, have you ever engaged in conduct that would constitute a felony crime, regardless of whether you were charged?** \_\_\_\_\_

**If yes, provide details on separate sheet.**

**I understand that the making of a false statement under oath is a crime punishable by law.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Personally-appeared the above-named \_\_\_\_\_ and made oath to the truth of the foregoing statement.

\_\_\_\_\_  
Notary Public (or other person authorized to take oath)

Date: \_\_\_\_\_

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**STATEMENT OF EMPLOYING OR SPONSORING AGENCY**

The above-named applicant has been the subject of a background investigation, including the processing of fingerprint cards through SBI and FBI, and a DMV record inquiry, and such investigation has disclosed no conviction for a disqualifying conviction\* or disqualifying conduct†, except for the conviction(s) for which a waiver is being sought.

\_\_\_\_\_  
Signature of Chief Administrative Officer

Date: \_\_\_\_\_

\*See reverse for explanation of disqualifying conviction.

†See reverse for explanation of disqualifying conduct.

## **DISQUALIFYING CONVICTION**

A disqualifying conviction for which a waiver from the Board of Trustees is required includes the following:

1. Murder;
2. Any Class A, Class B, or Class C crime;
3. Any Class D conviction in the past ten (10) years (including OUI);
4. Any Class E conviction in the past ten (10) years for which the crime is contained in Chapter 15 (theft), Chapter 19 (falsification in official matters), Chapter 25 (bribery and corrupt practices), or Chapter 45 (drugs) of the Maine Criminal Code, Title 17-A, MRSA, or;
5. Any other conviction of a crime or crimes under the laws of the United States or any other state that prohibits the same unlawful conduct described above.

## **DISQUALIFYING CONDUCT**

Disqualifying conduct, regardless of whether the applicant was charged or convicted, for which a waiver from the Board of Trustees is required includes the following:

1. Murder;
2. Any Class A, Class B, or Class C crime;
3. Conduct specified in 1 or 2 above in another state or other jurisdiction.

## **WAIVER REQUEST PROCEDURE**

A request of the Board of Trustees for a waiver of a disqualifying conviction or disqualifying conduct must be made by the employing or sponsoring agency, and must be made on the form provided by the Board for such purpose, and must include the additional information listed on the form. The form may be obtained by contacting the Maine Criminal Justice Academy, 15 Oak Grove Road, Vassalboro, ME 04989, telephone 877-8000.

**Effective March 2, 2001**



John Elias Baldacci  
Governor

STATE OF MAINE  
**Department of Public Safety**  
**MAINE CRIMINAL JUSTICE ACADEMY**  
15 Oak Grove Road  
Vassalboro, Maine 04989



Michael P. Cantara  
Commissioner

John B. Rogers  
Director

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## MEDICAL HISTORY AND MEDICAL EXAMINATION FORM

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### TO THE EMPLOYER:

The Maine Criminal Justice Academy "***Medical History and Medical Examination Form***" is inappropriate for a pre-offer inquiry under existing state and federal law and **SHOULD NOT BE USED UNTIL A CONDITIONAL OFFER OF EMPLOYMENT / PROGRAM ACCEPTANCE IS MADE.**

***Once a conditional offer of employment is made, you may use this form and medical exam to determine if the applicant may perform the essential functions necessary to successfully complete training at the Criminal Justice Academy.***

All pre-offer inquiries should focus on the applicant's ability to perform the position being sought, not any perceived physical or mental disability which would exclude the applicant.

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### TO THE PHYSICIAN

This Candidate for training at the Maine Criminal Justice Academy should be free of medical conditions which would interfere with his/her ability to safely participate in and successfully perform certain activities including, but not limited to the following:

- Complete a run of up to 3 miles without stopping
- Perform sit-ups to the limit of his/her ability
- Perform bench presses or pushups to the limit of his/her ability
- Tolerate exposure to heat/cold/humidity/inclement weather
- Climb/crawl/wrestle/jump/box/lift/drag heavy weights
- Visually distinguish targets on the firing range, during daylight and in low light situations.
- Safely operate a motor vehicle at various speeds and under varying conditions during the day and night
- Safely handle various types of firearms
- Tolerate the psychological stress of law enforcement work
- Physically rigorous defensive tactics training (joint manipulation/handcuffing/take downs/kicks/ strikes/ firearms training)
- Complete a physical fitness assessment consisting of maximum effort 1.5 mile run, sit ups and push ups
- Sustain this level of functioning for 12 - 14 hours per day

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OFFICE LOCATED AT: 15 OAK GROVE ROAD, VASSALBORO, MAINE 04989

(207) 877-8000 (Voice)

(207) 877-8027 (Fax)

(207) 287-8058 (TTY)

REPORT OF MCJA ACCEPTANCE EXAMINATION

(Side Two)

To be on file at the Academy

\*\*\*\*\*

**TO THE EXAMINING PHYSICIAN:**

*Please type or print legibly and return to the Law Enforcement  
Candidate and/or the Employing Law Enforcement Agency.*

Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

\*\*\*\*\*

Patient / Candidate's Name \_\_\_\_\_

Employing Law Enforcement Agency (if any) \_\_\_\_\_

\*\*\*\*\*

**THE ABOVE NAMED PATIENT/CANDIDATE IS:**

- a. \_\_\_\_\_ Medically **SUITABLE** for training at the Maine Criminal Justice Academy, OR  
b. \_\_\_\_\_ Medically **UNSUITABLE** for training at the Maine Criminal Justice Academy for  
the following reasons: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The medical history and physical examination results for this Candidate are on file in the Physician's office at the above address and will be made available to Maine Criminal Justice Academy upon request from the Maine Criminal Justice Academy. The Candidate has been informed of the examination results and the presence of any conditions which may need follow-up evaluation. If questions of suitability should arise during the course of training, a candidate may be required to obtain follow-up medical evaluation at the expense of the candidate or his/her employer.

Date: \_\_\_\_\_ Physician's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Candidate's Signature: \_\_\_\_\_

**NOTE:** All information must be completed above, the Physician must check medically suitable/unsuitable and sign and date this page. The Candidate must sign and date this page.

**THIS PAGE MUST BE COMPLETED TO INCLUDE REQUIRED SIGNATURES**

## MCJA CONSENT AND MEDICAL HISTORY FORM

Name \_\_\_\_\_ Age \_\_\_\_\_  
Home Address \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_ Date of Birth \_\_\_\_\_

The answers that I give are true to the best of my knowledge. The information shall be used to determine whether I am medically capable of performing the essential functions of the physical demands of the Maine Criminal Justice Academy. Medical information regarding my ability to perform these activities will be made available to the MCJA. Other information will be held strictly confidential.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Do you have or have you ever had:		2. Are you allergic to any medicines, food or other substances? _____
	YES NO	
Measles	_____	3. Do you use:
Bronchitis	_____	Yes /No/ How Much/ In Past?
Mumps	_____	Cigarettes _____
Chickenpox	_____	Cigars _____
Polio	_____	Alcohol _____
Seizures	_____	Drugs _____
Pneumonia	_____	4. List all medications you take regularly:
Tuberculosis (TB)	_____	_____
Cancer	_____	_____
Diabetes	_____	_____
Blood Problems	_____	5. Family History: Have your mother, father
High Blood Pressure	_____	sister or brother had the following:
Heart Problems	_____	
Kidney Problems	_____	Yes No
Ulcers	_____	Diabetes _____
Arthritis	_____	High Blood Pressure _____
Hernia	_____	Heart Disease _____
Hemorrhoids	_____	Cancer _____
Skin Problems	_____	Stroke _____
Back Problems	_____	Tuberculosis (TB) _____
Asthma	_____	
Lung Problems	_____	
Mental Illness	_____	
Hepatitis	_____	
Surgery	_____	Explain: _____
Significant Injuries	_____	Explain: _____
Current Occupation	_____	Job you have held longest _____
Have you ever been exposed to fumes, dust, chemicals, loud noise or radiation at work or elsewhere? _____ Explain _____		
Have you ever been unable to hold a job because of medical reasons? _____ Explain _____		

Have you lost time from work for medical reasons in the past five years? \_\_\_\_\_ Explain \_\_\_\_\_

OFFICE LOCATED AT: 15 OAK GROVE ROAD, VASSALBORO, MAINE 04989

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(207) 287-8058 (TTY)

**Examiner's Comments:**



## MCJA MEDICAL EXAMINATION FORM

Height \_\_\_\_\_ Weight \_\_\_\_\_  
Blood Pressure \_\_\_\_\_ Pulse \_\_\_\_\_  
Visual Acuity R \_\_\_\_\_ L \_\_\_\_\_ Without correction  
R \_\_\_\_\_ L \_\_\_\_\_ With correction

Color Vision \_\_\_\_\_

	Normal	Abnormal	Explanation
Eyes		_____	_____
Ears	_____	_____	_____
Hearing			
Nose			
Throat	_____	_____	_____
Mouth	_____	_____	_____
Neck	_____	_____	
Chest/Lungs	_____	_____	_____
Heart	_____		_____
Abdomen			
Hernia			
Genitourinary			
Back			
Extremities			
Upper			
Lower			
Neurologic	_____	_____	_____
Psychological		_____	_____
Skin			
TB Skin Test	_____	_____	_____

***This candidate is:***

Medically Suitable for training at the MCJA

Medically Unsuitable for training at the MCJA for the following reasons: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date:

Physician's Signature: \_\_\_\_\_

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